

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)

MR. KENNETH J. FIGGE

Mailing Address 4432 STATE HWY. 25 S.E.

City	State	Zip Code
BUFFALO	MN	55313-8002

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE RIVER HOME CARE, INC.

Occupation
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.341963

Date of Receipt

08 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

MR. KENNETH J. FIGGE

Mailing Address 4432 STATE HWY. 25 S.E.

City	State	Zip Code
BUFFALO	MN	55313-8002

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE RIVER HOME CARE, INC.

Occupation
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.459580

Date of Receipt

09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

MS. PATRICIA FIGGE

Mailing Address 1020 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10028-0133

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6400.00

Transaction ID : SA17.518072

Date of Receipt

09 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

REATTRIBUTION/REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....

1300.00

Total This Period (last page this line number only).....